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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/058,477	04/10/98	006	WALKER, Z	3672 01/11/00
First Named Applicant: NEWMAN, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: REMOTELY ACCESSIBLE MOBILE REPAIR UNIT FOR WELLS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	166-077.510	G72	UTILITY	YES	\$605.00	04/11/00

3. Correspondence address change (Complete only if there is a change)

FREDERIC M. NEWMAN
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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. ROBERT J. HARTER

2. _____

3. _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

(2) ADDRESS: (CITY & STATE OR COUNTRY)

A. ☒ This application is NOT assigned.☐ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

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☒ Issue Fee ☒ Advance Order - # of Copies ONE

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

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3/23/00

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03/29/2000 HBERHE1 00000006 09058477

01 FC:242
02 FC:561605.00 DP
3.00 DPon: MARCH 23, 2000 (Date)ROBERT J. HARTER (32,031) (Name of person making deposit)Robert J. Harter (Signature)3/23/00 (Date)